



STATE OF MARYLAND

DMMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Preparedness & Response
Isaac P. Ajit, M.D., M.P.H., Deputy Director

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Public Health & Emergency Preparedness Bulletin: # 2008:03 **Reporting for the week ending 01/19/08 (MMWR Week #03)**

CURRENT HOMELAND SECURITY THREAT LEVELS

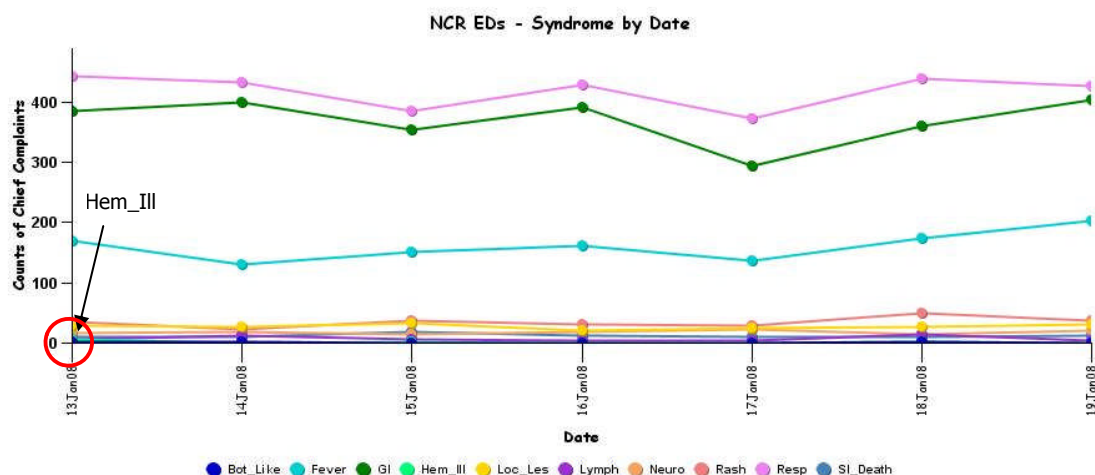
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

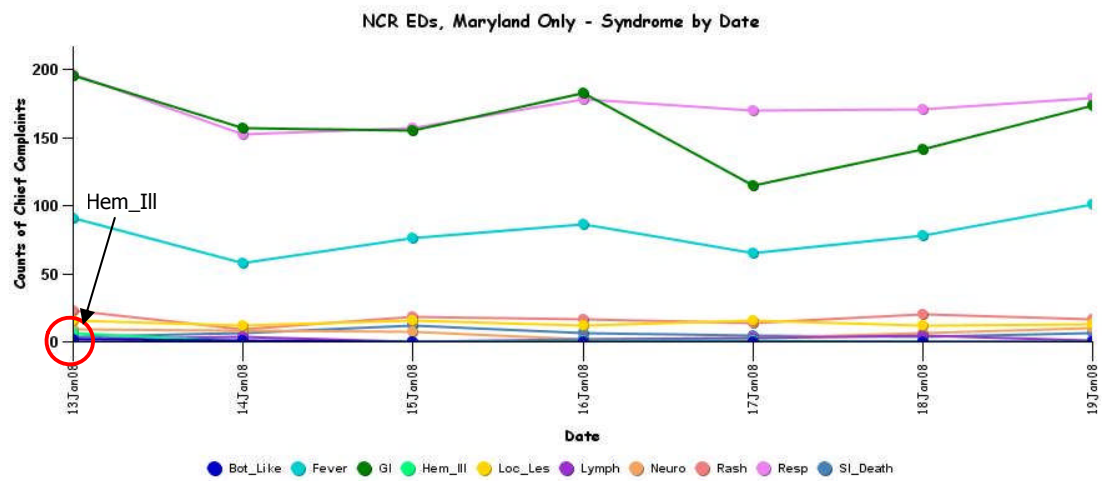
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

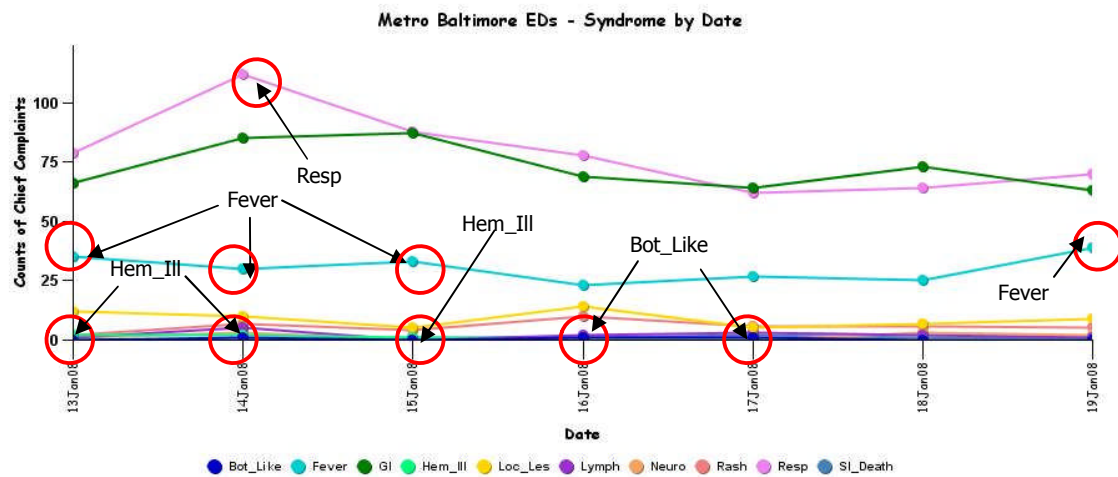
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



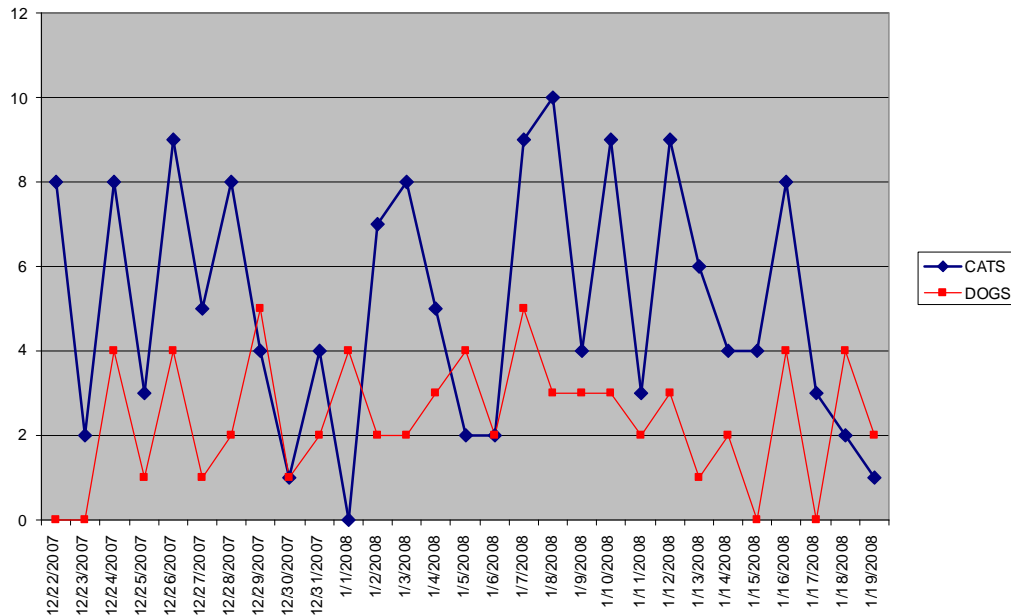
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

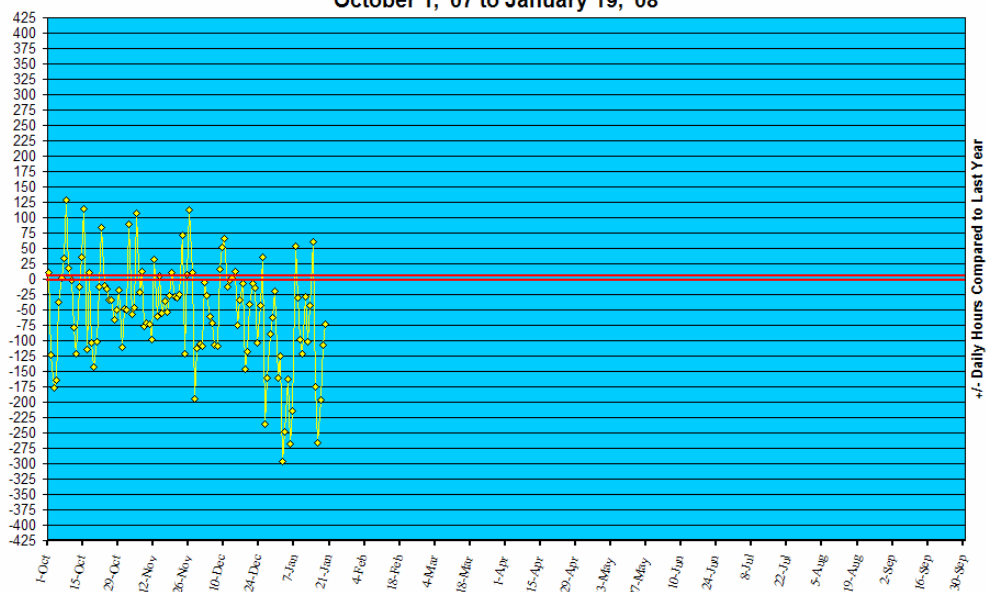
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to January 19, '08**



REVIEW OF MORTALITY REPORTS

OCME: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in Dec. 2007 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Jan 13 – 19, 2008):	9	0
Prior week (Jan 6 – 12, 2008):	2	0
Week#03, 2007 (Jan 14 – 20, 2007):	14	1

OUTBREAKS: 6 outbreaks were reported to DHMH during MMWR Week 3 (Jan. 13-Jan. 19, 2008):

4 Gastroenteritis outbreaks

- 2 outbreaks of GASTROENTERITIS associated with Nursing Homes
- 1 outbreak of GASTROENTERITIS associated with a School
- 1 outbreak of GASTROENTERITIS associated with a Shelter

2 Respiratory illness outbreaks

- 1 outbreak of RESPIRATORY ILLNESS associated with a Nursing Home
- 1 outbreak of RESPIRATORY ILLNESS associated with a School

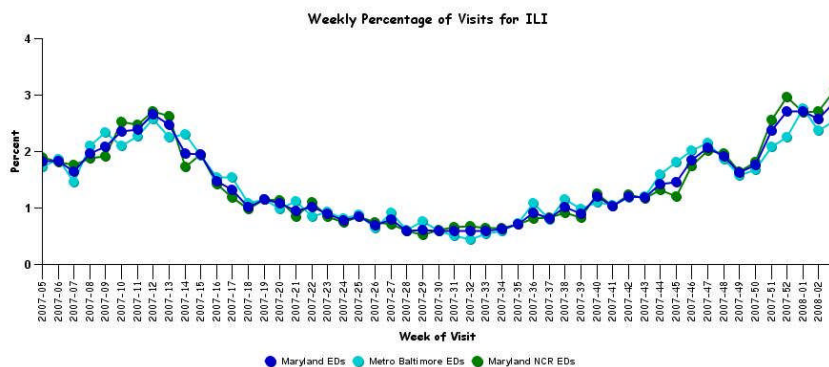
MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. Four suspected cases of influenza were reported to DHMH during MMWR Week 03 (January 13 – 19, 2008). To date this season, there have been 285 lab confirmed influenza cases in Maryland.

*Please note: Influenza data reported to DHMH through the National Electronic Disease Surveillance System (NEDSS) is provisional and subject to further review.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of January 18, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 350, of which 218 have been fatal. Thus, the case fatality rate for human H5N1 is about 62%.

AVIAN INFLUENZA, SWANS (United Kingdom): 13 Jan 2008, The strain of deadly flu found in 3 mute swans at Abbotsbury, Devon, is a close match to the one that infected wild birds in the Czech Republic last summer. Urgent testing is going on at the Veterinary Laboratories Agency to find out the exact match of the virus and to see how far it has spread in the country. Experts believe that, because one of the dead birds was discovered as long ago as Dec 27, the likelihood is that an infected bird arrived during the cold snap on the Continent just before Christmas. Then, 2 more dead birds were found at the swannery yesterday but this has not yet raised particular alarm as there are usually 20 to 30 casualties among birds in January. Poultry keepers in the control zone, which extends 15 miles southeast of Abbotsbury, and includes Weymouth, Chesil Beach and Portland Bill, were nervous as animal health officials inspected all registered poultry farms. All birds inside the zone must be kept indoors.

AVIAN INFLUENZA, HUMAN, SUSPECTED (Egypt): 13 Jan 2008, Last week 15 new suspected cases of the deadly H5N1 strain of the avian flu virus were reported in 5 governorates in Egypt, as government measures to strengthen national pandemic preparedness provoked mixed reactions in Cairo's streets. The latest cases were detected in Qena, Al-Buheira, Al-Gharbia, Al-Minya and Al-Sohag. The patients were admitted to hospital for treatment and surveillance after suffering high temperatures and breathing problems. In response, the government's Supreme National Committee for Combating Bird Flu met last week to discuss the current outbreak and to implement measures to combat the spread of bird flu. Amr Kandeel, an official in the Ministry of Health's communicable diseases department, told IRIN that the bird flu committee is focusing on 5 measures to curb the spread of the virus: active surveillance; public awareness campaigns; support of public health teams in hospitals; stockpiling of the flu treatment drug Tamiflu, antiviral medications and vaccination equipment; and the setting up of a telephone hotline to answer public enquiries. In addition, Kandeel said the Ministry of Agriculture had banned the sale of live birds in Cairo's markets. While empty bird cages in many of Cairo's poultry shops reflect the efficiency of the government crackdown, many in the poultry business said they would ignore the ban as they felt the government was over-reacting. Two weeks ago, the bird flu committee banned domestic poultry raising altogether and oversaw the culling of all poultry infected with the bird flu virus. It also reinforced an existing ban on transporting poultry from one governorate to another without official inspection and clearance.

AVIAN INFLUENZA, HUMAN (Indonesia): 15 Jan 2008, The Ministry of Health of Indonesia has announced a new case of human infection of H5N1 avian influenza. A 32-year-old female from Tangerang District, Banten Province, developed symptoms on Jan 3, was hospitalized on Jan 9 and died on Jan 10. Investigations indicate the patient had a history of close contact with birds and poultry in the week prior to her onset of symptoms. Of the 118 cases confirmed to date in Indonesia, 95 have been fatal.

AVIAN INFLUENZA (Bangladesh): 16 Jan 2008, Bird flu has spread to another district in Bangladesh, forcing authorities to cull more than 1500 birds, officials said on Jan 16. The H5N1 bird flu virus was reported in backyard poultry in the southern coastal district Barisal, a livestock department official said. "After the confirmation of bird flu, authorities culled more than 1531 chickens, ducks and birds in a 1 km area around the affected backyard poultry," the official said. Suspected outbreaks were also reported at a farm in northwestern Rajshahi district and another farm in northern Rangpur district, where the virus has been confirmed in fowl previously. "The preliminary tests showed some birds at the farm have died from bird flu, but we still don't know whether it is the deadly H5N1 strain," the official said, referring to the farm in Rajshahi. The H5N1 avian flu virus was first reported near the capital in March 2007 and has since spread mainly to northern districts, forcing authorities to kill more than 300,000 chickens. With the latest outbreak, 72 farms in 23 of Bangladesh's 64 districts have been infected with the deadly virus. So far there have been no cases of human infection in the densely populated country, government officials say.

AVIAN INFLUENZA, HUMAN (Indonesia): 16 Jan 2008, A 16-year-old Indonesian girl died of bird flu on Jan 8, putting the total fatalities to 96 out of 118 cases in the hardest-hit country, the health ministry said Jan 11. The girl from Bekasi, an outskirt city of Jakarta, has been treated at the bird flu-designed hospital of Persahabatan in East Jakarta since Jan 9 after she had been treated at a hospital in Bekasi since Jan 4, an official of bird flu center of the ministry Ahmad Priatna said. All her laboratory tests had indicated that she had positively contracted the H5N1 virus, he said. The girl consumed 3 half-boiled chickens eggs 2 weeks ago after scores of chicken died suddenly in her residence in the last 2 months, said Priatna. The girl first showed the symptoms of the disease with high fever and throat problems on Dec 30. Then she went to doctors on Dec 31 and Jan 2, said the official.

AVIAN INFLUENZA (Iran): 17 Jan 2008, Officials in Iran have confirmed their country's first H5N1 avian influenza outbreak in domestic birds, while authorities in eastern India are working on a massive poultry cull amid worries about possible new H5N1 outbreaks. A report that Iran filed with the World Organization for Animal Health (OIE) on Jan 16 says the outbreak occurred in Mazandaran, a northern province that fronts on the Caspian Sea. Authorities destroyed a flock of 475 surviving free-range chickens after 14 chickens died in an outbreak that began Dec 10, the report says. The outbreak was detected through Iran's passive surveillance program for avian flu, officials reported. Samples from the birds first tested positive in the Iran Veterinary Organization's central laboratory in December, and an OIE reference lab in Padova, Italy, confirmed the findings on Jan 8. The source of the outbreak is under investigation. Iran's only previous reported outbreak of H5N1 in birds occurred in February 2006 and killed 153 wild swans in Gilan province, which borders Mazandaran on the west, according to OIE records. The country has reported no human cases.

AVIAN INFLUENZA, HUMAN (Indonesia): 18 Jan 2008, An 8-year-old Indonesian boy has died of bird flu. Health officials there say the child's neighbors kept chickens and they are investigating to see if those birds are infected. The death toll from the disease is now 97 in Indonesia, which has suffered more bird flu fatalities than any other country. Indonesia's resort island of Bali will play host to the Sixth International Bird Flu Summit in March 2008. Scientists, emergency responders and poultry industry leaders will meet to discuss the situation.

AVIAN INFLUENZA (Ukraine): 18 Jan 2008, The H5N1 strain of avian flu, which can be fatal to humans, has been detected in fowl at a farm on Ukraine's Black Sea Crimea peninsula, emergency officials said on Jan 18. The farm in the village of Rivne had been placed under quarantine after more than 150 chickens died of the virus, the Emergency Situations Ministry said in a statement. The last registered outbreak of bird flu in Ukraine was in June 2006. No human cases have been recorded in the country.

AVIAN INFLUENZA (India): 19 Jan 2008, Bird flu in West Bengal has spread to new areas, tests confirmed Jan 19 even as efforts were on to contain the outbreak by culling poultry in the affected areas. "The new areas are Burdwan and Nadia districts. The laboratory tests in Bhopal confirmed the spread of the disease to Mangalkot and Purbasthali in Burdwan and Tehatta in Nadia. It was also confirmed that the deaths in Murshidabad district's Khargram and Baroa were also from the virus," West Bengal Animal Resource Development Minister Anisur Rahman told IANS. The 2 districts are in southern West Bengal and barely 200 km from Kolkata. "We have to step up the culling operation further in view of the new reports of bird flu confirmation," Rahman said. The agriculture ministry said in a statement in New Delhi: "Samples from 4 blocks of Murshidabad district (Khargram, Burwan, Nowda and Nabagram), one block of Nadia district (Tehatta) and 2 blocks of Burdwan district (Mongalkote and Purbasthali) have been found positive for avian influenza by rapid tests. The state government has been notified. "The samples from South 24 Parganas, Cooch Behar, Purulia and Hooghly districts have tested negative for avian influenza. Result of the samples sent from Bankura district is awaited from HSADL (High Security Animal Disease Laboratory), Bhopal," it said. The state had set a target of slaughtering 400,000 poultry birds but with the spread of the disease to new areas at least 200,000 more birds might have to be killed. The agriculture ministry said: "As per the latest information received, a total mortality of 96,010 poultry birds has been reported from Birbhum, South Dinajpur, Murshidabad, Nadia, South 24 Parganas, Burdwan and Bankura districts of West Bengal." Alarmed by the outbreak of the disease, dubbed the worst in India by the World Health Organization (WHO), West Bengal Chief Minister Buddhadeb Bhattacharya said the state government would slaughter all poultry birds in areas reporting fresh cases of bird flu even before laboratories confirm the H5N1 strain.

NATIONAL DISEASE REPORTS:

E. COLI O157, GROUND BEEF, RECALL (Wisconsin, California): 14 Jan 2008, Rochester Meat Company, a Rochester, Minnesota firm, is voluntarily recalling approximately 188,000 pounds of ground beef products because they may be contaminated with E. coli O157:H7, the USA Department of Agriculture's Food Safety and Inspection Service (USDA-FSIS) announced Jan 12. The problem was discovered through an investigation initiated by the Wisconsin Department of Health and Family Services and the California Department of Public Health into 5 illnesses in Wisconsin and one illness in California. Anyone concerned about an illness should contact a physician. The ground beef products subject to recall were produced on Oct 30, 2007 and Nov 6, 2007. The products subject to recall were shipped to distributors nationwide for further distribution to restaurants and food service institutions. These products were not available for purchase by consumers in retail establishments. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, CANNED BEANS, FURTHER EXPANDED RECALL (Multi State): 19 Jan 2008, The FDA announced on Jan 18 that New Era Canning Company, New Era, MI, is expanding its product recall because of potential Clostridium botulinum contamination to all canned green beans and garbanzo beans distributed by the company nationwide over the last 5 years. The affected cans are large institutional-sized containers, weighing approximately 6 1/2 pounds. To date, no illnesses have been reported to the FDA; however, consumers should not consume these products because of the potential serious risk to health. New Era took this voluntary action in the interest of public health in accordance with the FDA's recall request. The company is taking immediate action to retrieve all inventories of the products throughout the distribution chain, including consumers' homes, nursing homes, schools, warehouses, restaurants, retail stores, and health care facilities. For specific brands and codes of green beans and garbanzo beans that are subject to this recall,

consumers and retailers can access this information at: <http://www.fda.gov/oc/opacom/hottopics/newera.html>. The FDA and the Michigan Department of Agriculture launched a joint investigation of New Era's processing plant. This investigation resulted in the identification of *C. botulinum* contamination in several lots of canned green beans and one lot of garbanzo beans, the identification of serious food violations, and this expanded recall. Original findings of this investigation resulted in the company voluntarily recalling green beans in December 2007, and green beans, Mexican-style chili beans, and dark red kidney beans in January 2008. As part of the ongoing investigation, the FDA issued an Order of Need for Emergency Permit to New Era. This order prohibits the manufacture and shipment of the company's low acid canned foods across state lines until they demonstrate to the FDA's satisfaction that the products are safe. In addition, the Michigan Department of Agriculture, under its state authority, has embargoed New Era's entire inventory of low acid canned products contained in the company's warehouses in Michigan. As a result, New Era is not currently distributing any products. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CHOLERA (Malawi): 15 Jan 2008, The health minister said on Jan 15 that 8 people have died from an outbreak of cholera in southern Malawi, where flooding has increased the risk of contracting the disease, "Floods are worsening the situation because in rural areas people are unable to satisfy the most basic human needs like hygiene, proper sanitation, and safe drinking water," health minister Marjorie Ngaunje said. "But we are trying to teach people to wash their hands, boil water, and other important information to help prevent the disease." Ngaunje said there were 291 reported cases of cholera in the past 3 weeks in the southern part of Malawi, one of the poorest nations in Africa. "In the 2001/02 rainy season we recorded 33 546 cases with 953 deaths, in the 2003/04 season we had 959 cases but only 13 people died and in 2006/07 only 6 people died out of 309 reported cases," she said. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, TOURISTS (United Kingdom): 15 Jan 2008, Hundreds of British tourists have been hit by an intestinal infection at a hotel in Kenya, which suffered a similar outbreak in August 2007. Holidaymakers returning from the Sun'n Sand Hotel in Kikambala, have complained about being severely ill while there and some have now had their condition confirmed as salmonellosis. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, CAPRINE (Peru): 17 Jan 2008, Due to a recent anthrax scare, the Regional Health Directorate in Piura issued an epidemic alert on Jan 16. This alert came after the Regional Council of Lambayeque unanimously approved to declare the region in a state of sanitary emergency. Regional Councilor Julio Paz said it was necessary to make the declaration to begin taking preventative measures and stop the spreading of the anthrax disease. The first case of anthrax was reported on Jan 14, when it was discovered that a farmer had been killed after having been exposed to the disease by handling an infected goat. After the farmer's death, at least 7 other cases of people having contracted anthrax have been reported. Teams of specialists from Peru's Health Ministry and the National Agrarian Health Service (SENASA) have been working in the affected areas to find more people that may have been exposed to the disease and to vaccinate cattle. Walter Vegas Olaya, the head of Piura's Regional Health Directorate, explained that the epidemic alert had been issued so that authorities would be immediately notified of potential anthrax cases. He also stated that teams had been deployed to seek anyone who may have been infected. The epidemic alert includes the establishment of programs that will inform farmers and the population in general of the symptoms, risks and precautions that need to be taken when dealing with anthrax. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (Singapore): 18 Jan 2008, The Ministry of Health said on Jan 17 that 6 people in Singapore have been infected by the mosquito-borne chikungunya virus. "This is the first instance of local transmission of the disease. Previous cases were imported, where patients caught the virus overseas and brought it back to Singapore," according to a Ministry of Health spokeswoman. To date, 2 patients have been admitted to the isolation ward of the Communicable Disease Centre. All 6 patients were living in close proximity to each other in the southeastern part of the city-state. "It's still a localized infection at the moment," she added. The Ministry of Health has begun to screen people living or working in the same area. Chikungunya fever is a mosquito-borne disease characterized by sudden onset of fever, chills, headache, nausea, vomiting, joint pain, back pain, and sometimes a rash. Most symptoms last for 3-10 days, but joint pains may last for weeks to months. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Democratic Republic of Congo): 18 Jan 2008, More than 550 people have fallen victim to a cholera epidemic so far in 2008 in Lubumbashi, capital of Congo's mineral-rich Katanga province, medical charity Medecins Sans Frontieres (MSF) said on Jan 18. At least 8 people have died from the waterborne illness in the city of around one million, and 104 are receiving medical care at a treatment center set up by MSF's Belgian chapter. "We are seeing that the worst hit people are those who live in the poorest neighborhoods. That is where the people have no access to drinking water and the hygiene conditions are poor," said Bertrand Perrochet, MSF's emergency pool coordinator. Cholera is endemic in many parts of Congo, which is still recovering from a 1998-2003 war that killed an estimated 4 million people, mainly through hunger and disease, and left infrastructure in ruins. Health officials have recorded 150 new cases, including 5 deaths, in the town of Bukama, about 300 km north of Lubumbashi since Jan 1. Another cholera outbreak has been

reported in Likasi, 90 km northwest of Lubumbashi. However, large-scale epidemics in Lubumbashi, the heavily populated capital of Katanga, are relatively rare. "The last major epidemic (in Lubumbashi) was in 2003. In Katanga, there are of course outbreaks every year, but this year it started very early during the dry season," Perrochet said. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

BRUCELLOSIS, BUFFALO (Italy): 19 Jan 2008, The production of one of Italy's best known exports, mozzarella, is under threat from an infection spreading through herds of water buffalo. The Italian government has set up an emergency commission to try and stop the spread of the disease, which affects milk production. The plains of Campania, around Naples, are home to large buffalo herds. As much as 30 percent of the herd which live in the shadow of Mount Vesuvius are reported to be infected. The area is the exalted home of mozzarella di bufala: an essential part of the Italian diet and one of Italy's most important exports. But the Neapolitan farmers who make this famous milky cheese are facing a crisis. In the next 2 months, the Italian government will start the slaughter of 32,000 buffalo, infected with Brucellosis, a contagious bacterial disease that in livestock leads to abortion, infertility and reduced milk production. It can be transmitted through food to humans, causing severe intermittent fever, though the milk which produces the cheese is perfectly safe when it is pasteurized. Brucellosis has been present in the herd for 10 years. But the Italian papers say the local vets who are supposed to test and put down infected animals have been intimidated by the local mafia, the Camorra, who also control some of the farms. Consequently, it is reported, the disease has been allowed to spread to almost 30 percent of the herd. Caserta, one of 2 key mozzarella-producing areas, is the worst affected. In the coming weeks, armed police will accompany government vets to help with the cull. They say every infected animal destroyed will be burnt and it is estimated the cost to the Italian government will be 66m euros. (Brucellosis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (Chile): 19 Jan 2008, So far this year, 2 people have been infected with hantaviruses and a third suspected case is under investigation. The Jan 18 edition of the newspaper El Mercurio signaled that the Ministry of Health provided details that in the Araucania Region a 34-year-old man died on Jan 7 due to this fatal disease that affects the respiratory system, which he contracted in a rural area. Also this month, a 37-year-old agricultural worker with a life-threatening illness, was admitted to the intensive care unit of the Talca Hospital in the Maule Region. In the Biobio Region, a rural resident from Nube was admitted to the Guillermo Grant Hospital, awaits results of tests being carried out in the Institute of Public Health, to determine if he has been infected by this fatal virus, which is transmitted by excretions of the long-tailed rat. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (Taiwan): 19 Jan 2008, The Department of Health (DOH) in Taiwan announced on Jan 11 the first case of hantavirus hemorrhagic fever on the island this year. Lin Ting, deputy director of DOH's Centers for Disease Control, said the patient, a 46-year-old Taiwan businessman who travels frequently to Inner Mongolia in China, had contact with rats when he was disposing of rats he trapped on a sticky plate last month in Inner Mongolia. The man developed a fever on Dec 12 and had difficulty urinating by Dec 15. He sought treatment at a Mongolian hospital. His condition turned for the better after dialysis. He returned to Taiwan on Jan 5 and checked into a hospital on Jan 7. The CDC confirmed that he had contracted the virus. Fortunately, family members of the man were not infected, Lin said. Most rats and mice carry the hantavirus, and chronic cases of the disease have been reported in Taiwan, Lin said, noting that there was one case in 2001 and 3 cases in 2004 and another 3 cases in 2006. The best way to avoid being infected is to have no contact with rats or mice, Lin said, urging the public to keep their environment clean. Carriers of the virus tend to be rodents that frequent the sewers and garbage dumps, Lin said. But for those pet rats that are artificially bred since birth, the possibility of them carrying the virus is low, Lin said, noting the fad of keeping mice as pets in 2008 may be popular as this year is the year of rat on the Chinese zodiac. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmh.state.md.us/>

Update on Avian Influenza A (H5N1) Virus Infection in Humans (Article included as email attachment)

This article provides a thorough and up-to-date review of H5N1 infection in humans. This review updates a 2005 report and incorporates information from the Second World Health Organization (WHO) Consultation on Clinical Aspects of Human Infection with Avian Influenza A (H5N1) Virus. (<http://content.nejm.org/cgi/content/full/358/3/261>)

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Heather N. Brown, MPH
Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
201 W. Preston Street, 3rd Floor
Baltimore, MD 21201
Office: 410-767-6745
Fax: 410-333-5000
Email: HBrown@dhmh.state.md.us